

# **COLORADO METHAMPHETAMINE TASK FORCE**

**Meeting May 7, 2010**

**10:00 am – 1:00 pm**

**Colorado Municipal League**

**FINAL**

**1144 Sherman St., Denver, CO**

**FINAL**

**Chair** – Attorney General John Suthers

## **Vice –Chairs:**

- *Treatment* – Janet Wood, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Task Force Members Present: John Suthers; Janet Wood; Lori Moriarty; Jeanne Smith; Nicolas Taylor; Stan Hilkey; Shane Bahr; Janet Rowland; Jade Thomas; Dan Rubinstein; Val Kalnins; Greg Daniels; Wayne Maxwell; Kathryn Wells; Debra Campeau; Carmelita Muniz; Dan Kaup; Leslie Herod; Chele Clark

## **Guests:**

Dennis Dahlke; Colleen Brisnehan; Kent MacLennan; Maria Carmona; Katharine Brainard; Beverly Gmerek; Jackie Westhaven; Greg Fabisiak; Elizabeth Pace

## **Introductions:**

*Chair* Attorney General John Suthers introduced Val Kalnins as the new member representing the Colorado Board of Pharmacists.

## **Review and Approval of minutes:**

The minutes from February 5, 2010 were approved by motion and acclamation.

## **Announcements from the Task Force:**

*Nick Taylor* – Phase II of the Colorado Meth Project was launched on the western slope. Meth Free Delta County is laying the groundwork to open the doors of its community-based treatment services to voluntary admissions. Right now those services are only available to people who are referred through the Delta County treatment court. The plan is to recruit a recovery support community board which will include people in recovery. This board will act as the accountability agent. Similar to a treatment court judge, the board will review treatment progress with participants every week and help administer sanctions and incentives. Incentives will be much like the sober community involvement/pleasure recalibration rewards used in the treatment courts. Sanctions will include community service, treatment exercises, and voluntary home seclusion. This is a tricky but exciting attempt to generalize the effective strategies of treatment courts to the treatment experiences of people who are self-referred.

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*Shane Bahr* - The Best Practices Meet the Community- Establishing the Connections Conference was sponsored by the Interagency Task Force on Treatment, Court Improvement, Problem Solving Court Advisory Committee and Colorado DEC. There were over 400 attendees representing each judicial district. In attendance were SB-318 teams, judges, probation officers, treatment providers, defense counsel, district attorney's, drug court coordinators, etc. National and local presenters educated participants on best practices.

*Kent MacLennan*- The Colorado Meth Project launched Phase II of a statewide campaign at Central High School in Grand Junction on May 3rd. The 2010 Colorado Meth Use & Attitudes survey was released and the results were compared to those of the 2009 benchmark survey administers at the beginning of the project. With the latest ad campaign, there is evidence of good connections between the ads and changing attitudes toward meth: 88% of teens and young adults report the perception of "great risk" in using Meth once or twice, a statistically significant increase of 9 points for teens and 5 points for young adults. The release of data and the second wave of the media campaign coincided with the "Not Even Once" Week for Mesa County that included curriculum presentations in schools and youth-serving agencies. In fact, Central High School insisted that the release of the ads be done accompanied by presentations at the school. Sheriff Stan Hilkey received feedback from parents of two teenagers who participated in the school curriculum. The Phase II outreach initiative is occurring in counties across the state, in particular those communities where Boys and Girls Clubs have been central partners for reaching at-risk youth in each location and active partners in helping us design the 3-lesson curriculum that is delivered in 1-hour sessions.

*Wayne Maxwell* - In addition to Weld County's Family Treatment and Adult Drug Courts, a Juvenile Drug Court will be operational in Weld County in the very near future.

*Jeanne Smith* – HB10-1352 was a bill based on recommendation of the Colorado Commission on Criminal and Juvenile Justice that relates to drug sentencing reform. In general, it reduces penalties for low level possession of drugs other than meth, provides for more treatment opportunities, and increases penalties for sale to juveniles. Dan Rubinstein (meth task force member and Commission subcommittee member) worked hard on this bill.

HB10- 1374 was another bill of the same Commission that addressed parole risk assessment and guidelines, among other things.

HB10- 1360 was not from the Commission specifically, although the basic ideas had been outlined there. It deals with technical parole violations and sets up alternatives to returning to prison. This is the one that funded 70 new beds for Community Corrections to deal specifically with parole violators with addictions.

Related news: The prison population in Colorado decreased in the past 12 months; the first time in a long time.

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### **Medical Marijuana Update:**

In 2000 Amendment 20 was passed regarding the use of medical marijuana for chronic medical problems. In accordance with the amendment, a primary care giver could have small amounts of marijuana in their possession. The only reference in the amendment to dispensing medical marijuana is that the primary care giver could dispense the marijuana. Colorado lawmakers are looking at a local governance op-out as well as a voter's op-out option regarding the dispensary model that has emerged. We currently think that about 80% of the counties will op-out of this.

Question: What is the language of the opt out?

Response: As we understand it, by ordinance, counties can pass their own ordinances to allow or not allow medical marijuana dispensaries.

The dispensary model will not be cut out of pending legislation, and it looks like this is the way things will be going. We may see a ballot issue in November regarding dispensaries. The voters and the legislators will be fighting this battle for a while.

Another issue that was not considered is how do we address the waste from these dispensaries? Should we be monitoring environmental waste? Should it be solid waste or medical waste? If the product goes bad and they dump it, how should we handle this? We may be able to look at what California is doing about these issues.

The City of Durango now has 6 dispensaries. The dispensary business is also moving into Cortez, with one opening up for 50 clients.

### **Rural Law Enforcement Meth Initiative**

*Jade Thomas Executive Director, Colorado DEC*

We received funding for the Rural Law Enforcement Methamphetamine Initiative. Colorado was one of seven states awarded the funds, which are part of the Recovery Act funding. Each participating state will assemble a state methamphetamine action team for the purpose of working with the Rural State Methamphetamine Coordinator to organize and direct the state's rural meth efforts. It is recommended that state action team membership include representation from the appropriate group(s) as they are relevant to your state. A RLEMI coordinator, Nicola Erb, was selected and hired. Nicola will coordinate the Rural Meth Summit scheduled for June 21<sup>st</sup> – 23<sup>rd</sup> in Denver. The plan is to align the work of the RLEMI with that of the State Meth Task Force, DEC and existing local law enforcement efforts addressing meth issues. If you have any input please speak with Jade.

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### **Pacific Institute for Research and Evaluation (PIRE):**

PIRE is contracting with Strategic Applications International to provide support services for the Rural Law Enforcement Meth Initiative in three areas:

- **State Assessments** - PIRE developed a protocol for reviewing methamphetamine issues in each of the seven states selected for this initiative. States for the most part will complete these assessments independently, but PIRE will be available to assist, should such assistance be requested. PIRE will analyze the information gathered through the assessments and report back on findings for the initiative overall and for each state.
- **Technical Assistance** - PIRE will facilitate the provision of technical assistance to states as they implement their RLEMI work plans. These plans will be developed after attendance at the RLEMI Summit and with the benefit of exposure to information presented at the summit as well as results of the assessment.
- **Evaluation** - PIRE will conduct a RLEMI process evaluation focused on understanding each state workplan's goals and objectives, strategies for meeting those goals, accomplishments and challenges along the way to achieving the goals, and adjustments made to the original workplan in light of the accomplishments and challenges.

Before the Rural Meth Summit we are looking at doing a full assessment of Colorado. We are looking at treatment data, criminal data, and law enforcement data. We will look at the goals and objectives. We will also develop technical assistance and training.

There is a very tight timeline of May 28<sup>th</sup> for it to be completed; the team must be in place by May 19<sup>th</sup>.

### **Prescription Drug Abuse Subcommittee:**

*Dan Rubinstein, Deputy DA, 21<sup>st</sup> Judicial District*

A subcommittee of the State Meth Task Force was established to work on this issue.

**Issues to address:** The primary issue is to determine if Colorado can implement a mandatory real-time database which will track, for prescribing doctors, prescription dispensed to patients in order to assure complete and accurate information was given to the prescribing doctor. Dan Rubinstein sent out an e-mail asking for issues or ideas to help start this process. We are looking at ways to inform doctors of this problem.

**Method:** We are in the process of trying to determine how to efficiently and effectively assure that a pharmacist being asked to dispense a scheduled controlled substance is assured that the

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physician who authorized the prescription was aware of any other scripts for scheduled controlled substances that are outstanding.

This will most likely require legislation which mandates the transmission of data currently being input into the system on a bi-monthly basis to be done at the time of filling of a script, and enhanced abilities of the Prescription Drug Monitoring Program database to run a check to see if there is another prescription which predates the one being asked to be filled. If there is, a hold will be placed on the prescription until the prescribing doctor can make an informed decision as to whether the hold should be overridden.

Issues: Cost; technical issues at the pharmacies; technical issues for the database including security; HIPAA; speed of the system; what to do if the system goes down; whether this should occur at pharmacies or doctor's office; additional workload for pharmacists; how much time will this add to filling a prescription; and what drugs will this apply to?

A conference call will happen this week. No one has a realtime system in the state. We are looking to see if a realtime system will work in Colorado. The numbers are rising in prescription drug abuse court cases. Remember that a lot of this stuff is being purchased from the Internet and we cannot track this. The Bureau of Justice might have some ideas to help discover what else is out there. Colorado uses a system that lets victims know when a felon is being released and they also were looking at another system.

There is a grant opportunity that was just posted, however it must be submitted by May 18<sup>th</sup>. Jade will forward the information to Dan.

Other issues to be considered:

- What is the penalty or result if people don't comply with this?
- Death certificates don't reflect the true number of deaths of overdose by prescription. How do we track real numbers?
- The urgent care centers are hard to track because of the transient population.
- Dentists are another point of drug prescriptions.

### **Prescription Drug Abuse in Colorado—Presentation**

*Beverly Gmerek, Program Coordinator, Prescription Drug Abuse Prevention, Peer Assistance Services*

The Prescription Drug Abuse Prevention Program is funded by the Colorado Division of Behavioral Health through a five-year allocation from the Substance Abuse and Mental Health Services Administration Block Grant to the State of Colorado.

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### 2010-2015 Program Objectives

- Increase awareness of the problem of prescription drug abuse
- Increase availability of medication disposal programs statewide
- Encourage responsible prescribing practices
- Encourage patient responsibility
- Track data and trends
- 

### Raising Awareness through Education

- Defining prescription drug abuse – the non-medical use of prescription medications
- The prevalence of prescription drug abuse – 40% of US adults have borrowed or shared a prescription

Just because they are prescribed by a physician does NOT mean they are safe

- Prescription medications are only safe
  - For the prescribed patient
  - For the prescribed reason
  - For a prescribed time

### Main Types of Abused Prescription Medications

- Depressants used to treat sleep disorders and severe anxiety
- Stimulants used to treat behavior disorders such as ADHD
- Opioids used to treat pain

### Department of Justice 2010 National Drug Threat Assessment

- Threat posed by diversion and abuse of prescription drugs is increasing
- 4.6% (2007) to 9.8% (2009) agencies reporting prescription drug abuse as *the greatest threat in their area*
- The U.S. Drug Enforcement Administration reports a 52% increase in the amount of prescription opioids distributed to retail establishments between 2003-2007
- Recommendations – National Prescription Drug Abuse Monitoring Program and incentive take back programs

### Center for Disease Control

- Poisoning deaths is the 2<sup>nd</sup> leading cause of injury death for adults 35-54 years of age
- In 2006, prescription drug overdose deaths are higher for women than men, and higher for Whites than Blacks or Hispanics
- In 2006, Colorado was 1 of 16 states with more overdose deaths than fatal car crashes

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### **Colorado Data**

- Yearly deaths related to the most commonly abused prescription drugs in Colorado nearly doubled from 298 in 2000 to 562 in 2008; commonly abused opioids such as oxycodone, hydrocodone and fentanyl more than doubled from 180 in 2000 to 373 in 2008
- In 2003-2008, 49% of the drug related deaths in the City of Denver involved prescription drug abuse
- In 2008, three times as many people in Colorado died from prescription drug abuse (562) than from drunk-driving related crashes (173)
- The number of Colorado residents admitted for treatment for prescription opioid abuse has more than tripled, increasing from 305 in 2000 to 1,062 in 2008
- 2007 – 2008 rates of prescriptions for oxycodone increased from 86 (per 1,000 prescriptions) to 111 in just one year. Hydrocodone prescriptions also increased from 131 to 150 per 1,000 prescriptions

### **Where are prescription medications coming from?**

- In every study the majority of young adults said they are obtaining prescription drugs from HOME or a friend/relative's house
- Prevalence of prescriptions
  - One prescription drug per month
    - 38% adults ages 18-44
    - 65% adults ages 45-64
    - 89% adults 65 and over
  - 3 or more Prescription drugs per month
    - 11% adults age 18-44
    - 35% adults age 45-64
    - 63% adults 65 and over
  - 71% of doctor visits include at least one prescription
  - 1 in 5 adults prescribed an opiate
  - 1 in 10 adolescents prescribed an opiate

### **Prescription Drug Monitoring Program Data (2007-2009)**

- Denver residents
  - An average of 96,855 hydrocodone prescriptions were filled per quarter
  - An average of 67,399 Oxycodone prescriptions were filled per quarter
  - 139 hydrocodone prescriptions per 1,000
  - 106 Oxycodone prescriptions per 1,000

### **Benefits of Medication Disposal Programs**

- Increased consumer awareness of the issue
- Provides education about proper use and storage
- Reduces availability of medications
- Reduces environmental impact

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### Take Back Events Nationwide

- New Jersey 2009 – 9,000 lbs = 3.5 million pills
- Michigan 2009 – 6,866 non-controlled pills – 1,483 controlled
- Maine 2009 – 2,123 lbs non-controlled – 252 lbs controlled
- Wisconsin 2010 – 1,100 lbs (260 lbs in 2006)

### But there is a problem in Colorado

- In Colorado we can't get rid of the pills we collect because DIA hazardous waste incinerators can't accept them. There is no consistent way to get rid of these pills across the country. There are no guidelines.
- We are directing parents, and others to protect their drugs.
- There is no location in Colorado to take your drugs for disposal, however, pilot programs are being looked at.
- Another issue is that a number of states are running into Environmental Protection Agency issues surrounding air quality control and air pollution violations. Air permits need to be in place prior to burning.

### Comments:

- There is movement regarding discussion with DIA to use the incinerators. In New Jersey, they just gave jurisdiction to the U.S. Drug Enforcement Administration.
- This will start to be a national issue.
- The state of Maine is doing legislation to put this back on the prescription companies.
- Community based solutions - are you looking at statewide ads? We are currently launching a new campaign *RxDrugs Not yours Not Safe*.

### **Colorado Medication Take-Back Pilot Project**

*Greg Fabisiak, Environmental Integration Manager at Colorado Department of Public Health and Environment*

### What is the Problem?

- With the environment
  - How an aging population and our growing addiction to pharmaceuticals may be poisoning our rivers (NRDC Fall 2006)
  - Fish sex change investigated – CU group establishes treatment plant effluent as culprit (Boulder Daily Camera – Dec. 2006)
  - Pharmaceuticals found in drinking water, affecting wildlife and maybe humans (AP March 2008)
  - Man-made chemicals found in drinking water at low levels (USGS- Dec 2008)



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## **Contaminants of Emerging Concern**

- Broad range of compounds including
  - Pesticides – flame retardants – Teflon® and Gortex® - related materials
  - Surfactants – Nanomaterials – Prions
  - Personal care products
  - Pharmaceuticals

## **Why focus on pharmaceuticals**

- They are everywhere in the modern society
- They are designed to have a biological effect
- They may be resistant to some forms of degradation to retain their activity over time
- Significant portions pass through the user unchanged or as biologically active metabolites
- They may be resistant to degradation or removal through conventional water and wastewater treatment techniques

## **What is the Problem?**

- With Drug Abuse:
  - In 2008 three times as many people in Colorado died from prescription drug abuse (562) than from drunk – driving related crashes
  - National 1 in 5 teens (19%) report abusing prescription drugs that were not prescribed to them
  - Availability and ease of use are two key factors when kids are using drugs

## **Colorado Medication Take-Back Pilot Project**

- Pharmacy Store/Local Health Agency Collection Bins
  - 10 locations
    - Denver Metro area – 5 King Soopers, 3 health facilities
  - Summit County
  - 2 City Markets
- Construction
  - Non-controlled medications signage – list prohibited controlled substances – heavy –gauge steel – floor or wall bolts – one-way repository – double-lock mechanism- lighted view-port

## **Colorado Medication Take-Back Pilot Project**

- Collection Method Advantages
  - Complies with Controlled Substances Act
  - Cost Effective – no need to sort medications
  - Convenient and easy to use
  - Secure system
  - Protective of Environment
    - Hazardous waste incineration

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- Measurable Success
  - Pounds of medication collected
  - User and host surveys
- Funding available for 2 years

Colorado Medication Take Back Pilot Project Results so far (through 4/30/10)

- Number of collections – 42
- Pounds collected – 2,157
- User survey responses – 123 received, highly positive
- Costs - \$16,000 (2-year projection at \$83,000)
- Funding Sources
  - CDPHE
  - EPA Regional 8
  - Denver Water
  - Pollution Prevention n Advisory Board
  - Summit Water Quality Committee
- Future Direction
  - Legislative vs Voluntary Efforts
- Other States – Proposed legislation
  - Washington
  - Maine
  - Oregon
  - Florida
  - Minnesota

All propose product stewardship approach with manufacturer responsibility for program funding and implementation. The Pharmaceutical Research and Manufacturers of America (PhRMA) opposes this approach.

### **Comments:**

- Please count us in this project.
- Our taskforce supports addressing these issues. What can we do to help address these issues?
- This has been coming for a long time now. This is a huge adult problem and we need to really look at it.

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### **Environmental Updates**

*Colleen Brisnehan, Colorado Dept. of Public Health and Environment*

There are three main environmental issues to address are:

1. Update cleanup regulation through Board of Health rulemaking process:
  - draft revisions to regulations;
  - solicited stakeholder input;
  - finalize draft;
  - public comment period; and
  - Board of Health Hearing
2. Establish training requirements for cleanup contractors and industrial hygienists:
  - review/clarify authority to determine if legislation is needed;
  - if authority exists, or is received, establish training program through regulation;
  - establish funding mechanism; and
  - create training program and curriculum.
3. Establish training requirements for cleanup contractors and industrial hygienists:
  - outreach to local agencies to assist in establishing and maintaining oversight programs;
  - establish state level oversight in lieu of local oversight; and
  - secure resources at the state and local levels to establish and maintain oversight.

There are minor changes to the regulations and some clean up. There is a process of getting stakeholder input before proposed changes go to the Board of Health for approval.

### **Data Committee**

*Jade Thomas*

Funding is need to have ten years of data entered into the Meth Data Dashboard.

Approximately \$10,000 is needed. Attorney General Suthers will look to El Pomar for more funding to support this data project.

Question: Is there a report to be released? Response: No.

Questions: If the dashboard is populated, when will be looking at ways to get the information out to the communities. Response: We will also look at creating a manual for the communities to use. We will need to create the users guide. This is part of what we will need to address down the road. How do we maintain the data that is on the dashboard? How do we build in the sustainability? Will this work be used? What is the cost?

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### **Substance Exposed Newborns Subcommittee:**

This subcommittee is tied to a federal grant and this is the last year of that grant. The work that we are doing will be sustainable. In May, the committee will look at Mesa County to see how another community deals with these issues. We are hoping to build on our data. At the end of June we will be presenting at the national meeting in Washington DC.

We are hoping to develop a Web site if there are funds left over. We want a place for people to go to find information on substance exposed newborns.

We are continuing to talk to hospitals across the state on how to do this. This is a huge issue; the main issue is the criminal charges that can be placed against the moms.

States need to be able to produce data on how many babies are substance exposure newborns, but we can't currently track this. We are looking to see if there is a possibility to add a box for substance-exposed newborns as part of regular data collection at medical sites. What is needed is a better definition of what substance exposed is for newborns and a box that must be checked in the system.

Collecting this data is a huge issue and it will result in system changes that have happened. Janet Wood will contact some of DBH's former staff who are now at Child Welfare to see if they may be able to help with the TRAILS meeting in June This is the primary way to track this data.

Rural Law Enforcement Meth Initiative must have some kind of data base that tracks child welfare in seven states. Lori Moriarty suggests that this may be an issue that can also be addressed through the RLEMI.

### **Best Practice and Technical Assistance**

The Colorado Prevention Leadership Council is conducting a Technical Assistance and Training Survey in June. The purpose of the survey is to gain a better understanding of the various services offered in the state by private technical assistance and training providers, as related to community prevention and intervention programs and community coalitions.

### **Next Meetings:**

Friday, August 6, 2010, 10:00am-1:00pm, Colorado Municipal League

Friday, November 5, 2010, 10:00am-1:00pm, Colorado Municipal League